RETIREMENT PLAN DISTRIBUTION FORM

(Non-US Plans)

Use this ***Plan Distribution Form*** to request an account distribution if the reason for the distribution is:

1. Termination of Employment

2. Retirement

3. Permanent Disability

4. Death Benefit

If you are still employed with the plan sponsor, you are not able to take a distribution from your account (to include rollovers out) unless your distribution is due to a qualifying financial hardship or a qualifying loan. A separate form is required to request for hardship distributions or loans.

For more information, email: Service@ASCTrust.com.

Information contained herein has been obtained from sources believed reliable, but it is not necessarily complete and cannot be guaranteed. For specifics about the Plan, please refer to the governing Plan Document. Plan participants should seek advice based on the taxpayer's circumstances from a tax advisor.

You are about to make a decision that could greatly affect your plans for retirement. Please read this notice very carefully before completing the attached distribution request form.

When terminating from your company, you have a couple distribution or withdrawal options for your retirement account balance:

1. **Rollover to your new employer**
2. **Rollover to MYRA**
3. **Lump sum distribution**

If you are like most plan participants, you might think that there is little harm in taking the balance of your distribution in cash.

Think again!

Did you know for every **$1,000** you take out of your account, you could be costing yourself thousands of dollars of retirement income.

That's right!

For an idea on how much your current balance could grow to by the time you retire, please see the following chart below:

THE POTENTIAL GROWTH OF $1,000

Years to Retirement	Conservative Investor 5.03%	Moderate investor 7.44%	Aggressive Investor 9.74%
5	$1,278	$1,431	$1,591
10	$1,633	$2,049	$2,533
15	$2,088	$2,934	$4,032
20	$2,669	$4,200	$6,416
25	$3,410	$6,014	$10,212
30	$4,359	$8,609	$16,253
35	$5,571	$12,325	$25,868
40	$7,120	$17,645	$41,172

IMPORTANT: *The projections or other information generated regarding the likelihood of various investment outcomes are hypothetical in nature, do not reflect actual investment results and are not guarantees of future results. Your results may vary with each use and over time. The illustration is calculated as a Geometric Return; the expected compound annualized return of the assets mix and is open to change as market conditions and inflationary expectations change.*

With this in mind, be very careful before you take your money in cash. If you are considering taking your balance in cash, ask yourself the following two questions:

1. **What is the reason you are considering taking this money in cash?**
2. **Is this reason going to be important to you in 10 years?**

If it is, take the money in cash. If not, roll your money over to your next employer or to a MYRA and ***keep your retirement savings work for you.***

RETIREMENT PLAN DISTRIBUTION FORM

General Information

*A **valid photo ID** must be attached to this request.*

You are NOT required to complete this form upon separation of employment. There is NO DEADLINE to submit this form.

Residual balances, including contributions received after distribution processing, may require another request to be submitted.

Employer / Plan Name

Your Name (Last Name, First Name, Middle Initial) | Social Security Number

Mailing Address | City | State | ZIP

Email Address

Home Phone | Cell Phone | Work Phone | Other Phone

Date of Birth (mm/dd/yyyy) | Date of Hire (mm/dd/yyyy) | ☐ Not Married | ☐ Married* - Spouse Name: _____

*(Common Law is NOT recognized as legal marriage)

If resigned from your prior employer (above), please indicate new employer, if any: _____

Reason for Distribution

Please select **one** of the reasons below:

☐ **Retirement/Separation of Employment**
(From current employer or any controlled group of companies that your employer is a part of.)

☐ **Disability**
(Additional certification required)

☐ **In-Service Distribution**
(as permitted by the plan document)

☐ **Death Benefit Payout**
(Please provide death certificate)

☐ **Termination of the Plan**

Date of Hire (mm/dd/yyyy)

Date of Termination (mm/dd/yyyy)

Hours Worked this Plan Year

Employer Verification for Date of Termination:

Signature

Date

A. Request for a Rollover to Your Next Employer

☐ I would like to rollover **$** _____ or _____ **%** of my vested balance to another qualified retirement plan[1].

☐ My new employer has a plan maintained by ASC, ***please waive all fees associated with this distribution.***

☐ My new employer's plan is not maintained by ASC, ***please debit my account $50.00 for processing.***

Check Payable: Trustee / Financial Institution / Plan Name | Plan Account Number

Check Mailed To: Mailing Address | City | State/Territory | ZIP

B. Request for a Rollover to a MYRA account

☐ I would like to rollover **$** _____ or _____ **%** of my vested balance to an IRA[1].

☐ **Please waive all fees.** I would like to rollover my balance to the ASC Trust IRA Rollover Program.

☐ I have attached the ***ASC MYRA Enrollment Form as required for this transaction.***

☐ ***In absence of an Enrollment Form, I would like to keep my investments in the same funds if available to the MYRA.***

ZIP

*A valid **photo ID** must be attached to this request.*

Employer / Plan Name

Your Name (Last Name, First Name, Middle Initial) | Social Security Number

C. Request for a Direct Payment to You

Note: All payments are made via ACH (Direct Deposit).

Please issue a distribution paid directly to me equal to **$** _____ (☐ Gross Amount ☐ Net Amount) or _____ **%** of my vested balance.

I understand that there is a $50.00 processing fee for distributions.

I have attached a voided check or bank certification that contains the valid routing number and bank account number. I have also provided my physical address as required by the bank.

YOUR PHYSICAL ADDRESS: _____

BANK NAME: _____

Savings Account Number: _____ Routing Number: _____

Checking Account Number: _____ Routing Number: _____

By completing this section and signing below, I hereby authorize ASC TRUST LLC **1 .**) to initiate credit entries to the depository financial institution named above **2.)** to initiate debit entries to adjust for processing errors. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

D. Death Benefit Payout

Death of Account Owner - Death Benefit payment will be made to (select one):

☐ Beneficiary - Spouse ☐ Beneficiary - Non Spouse ☐ Alternate Payee *(resulting from court order)*

Beneficiary / Payee Name (Last Name, First Name) | Social Security Number | Date of Birth (mm/dd/yyy)

Mailing Address | City | State/Territory | ZIP

Contact Number(s) | Email Address

Certification: I have read this payment request and affirm that the above information and elections made are accurate and any payments made by the Trustee pursuant to the above (subject to terms of the Plan) will relieve the Trustee of any liability. I certify that the above information is true and correct to the best of my knowledge.

X

Signature of Participant | Date | Authorized Plan Administrator | Date

FOR ASC USE ONLY: *Based on the information above and prior census information provided to ASC, our records reflect that this participant is*

Employer Match: VESTED at _____ % *Employer Base Contribution: VESTED at* _____ %